

FILED DEC 12 1957

STANDARD CERTIFICATE OF DEATH

Registration District No.

146

Primary Registration District No.

3026

Registrar's No.

530

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanitarium		d. STREET ADDRESS 1611 Harris	
3. NAME OF DECEASED (Type or print) First WILLIAM Middle E. Last WRIGHT		4. DATE OF DEATH Dec. 1, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 19, 1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm.	
11. BIRTHPLACE (City and state or country) Mendon, Illinois.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Nehemiah Wright		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Laura Wright		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No. unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs Flossie Irwin 1611 Harris	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia - influenza		INTERVAL BETWEEN ONSET AND DEATH 48 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 480X	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION COUNTY STATE		21. I attended the deceased from 11/25/57 to 12/1/57 and last saw him alive on 12-1-57	
Death occurred at 6:45 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dr. G. E. Grubbs	
22b. ADDRESS 10901 Winner, Indep., Mo.		22c. DATE SIGNED 12-2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 12/4/57	
23c. NAME OF CEMETERY OR CREMATORY Ursa Cemetery		23d. LOCATION (City, town, or county) (State) Ursa, Illinois	
24. FUNERAL DIRECTOR Dixon L. Kepley		ADDRESS 12-4-57	
25. DATE RECD. BY LOCAL REG. 12-4-57		26. REGISTRAR'S SIGNATURE	

RECEIVED
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Vipon L. Taylor*

Licensed Embalmer No. *4225*
P. O. Address. *Indep. mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.